# General Risk Assessment

# Form RA1

(Refer to Notes for Guidance before completing this form)

|  |  |
| --- | --- |
| **School Assessment No:** |  |
| **Title of Activity:** |  |
| **Location(s) of Work:** |  |
| **Brief Description of Work:** |

**Hazard Identification:** Identify all the hazards; evaluate the risks (low / medium / high); describe all existing control measures and identify any further measures required. Specific hazards should be assessed on a separate risk assessment form and cross-referenced with this document. Specific assessments are available for hazardous substances, biological agents, display screen equipment, manual handling operations and fieldwork. See <https://www.ed.ac.uk/health-safety/online-resources/risk-assessments> for details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard(s)** | **Present Risk****Evaluation**L/M/H | **Control Measures** (i.e., alternative work methods / mechanical aids / engineering controls, etc.) | **Risk****Evaluation after control**L/M/H |
|  |  |  |  |

*\*Continue on separate sheet if necessary*

**Engineering Controls:** *Tick relevant boxes*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Guarding |  | Extraction (LEV) |  | Interlocks |  | Enclosure |  |
| Other relevant information (incl. testing frequency if appropriate): |

**Personal Protective Equipment (PPE):** Identify all necessary PPE.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eye / Face |  | Hand /Arm |  | Feet / Legs |  | Respiratory |  |
| Body (clothing) |  | Hearing |  | Other (Specify) |
| Specify the grade(s) of PPE to be worn: |
| Specify when during the activity the item(s) of PPE must be worn: |

Non-disposable items of PPE must be inspected regularly and records retained for inspection

# Persons at Risk: Identify all those who may be at risk.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Academic staff |  | Technical staff |  | P’Grad students |  | U’Grad students |  |
| Maintenance staff |  | Office staff |  | Cleaning staff |  | Emergency personnel |  |
| Contractors |  | Visitors |  | Others |  |  |  |

**Additional Information:** Identify any additional information relevant to the activity, including supervision, training requirements, special emergency procedures, requirement for health surveillance etc.

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|  |

**Assessment carried out by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Signature: |  | Review Date: |  |